

EMT INITIAL CERTIFICATION APPLICATION



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY APPLICATION – PRINT IN INK OR TYPE Mail application Los Angeles County EMS Agency Certification Fee - \$105* Check One: and required Office of Certification □ Initial Certification in CA documents to: 10100 Pioneer Blvd. Suite 200 □ Lapse ≥ 2 yr of CA Certification Santa Fe Springs, CA 90670 *The non-refundable fee must accompany this application. Check or Money Order made payable to "Los Angeles County DHS." Personal check payments require a 30 day hold prior to application being processed. The County charge will be imposed on all checks returned for non-sufficient funds. Do not send cash. PERSONAL INFORMATION SSN____ - ___ - ____ Legal Name _ Address _____ Birth Date _____ - ____ - ____ (Home) _____ State ____ Zip Code _____ City __ Phone I am currently employed as an EMT – Attach the Notification of EMT Change of Address/EMS Employer form located on the EMS Agency web site (http://ems.dhs.lacounty.gov) or use a separate sheet of paper and list the name, address, and phone number of current employer(s). NOTE: Change of name, contact information, and/or employer must be submitted in writing to the EMS Agency within 30 days of change INITIAL CERTIFCATION REQUIREMENTS – applicant shall provide front and back copies of all documents □ Course Completion Certificate Program Name _____ Date Completed ____ - __ □ NREMT Card Registry # (If applicable) □ NREMT Written Exam Pass Letter Date ____ - ___ - ____ BLS must be valid for a minimum of 2 months after certification date. Online programs are NOT accepted. □ BLS Card for the Healthcare Provider Expiration Date □ LA County EMT Scope of Practice Certificate Date Completed ____ - __ - _____ ☐ Government Issued Photograph Identification Type: □ Live Scan – DOJ & FBI Date Completed # _____ - ___ - ___ - ____ □ Other Certification(s) Issuer BACKGROUND DISCLOSURE ▶ Have you ever been arrested or convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere (no contest) or any conviction which has been □ Yes □ No sealed or expunged (set aside) under Penal Code Section 1203.4? □ Yes □ No ▶ Are there any criminal charges pending against you? If you answered yes to either of the above questions, attach a detailed written statement, signed and dated, describing the crime(s), date, location, court, sentence served, and parole, if any. Attach copies of all related records, court documents and police reports. ▶ Have you ever had a certification, accreditation, or professional healing arts license denied, suspended. ⊓ Yes □ No revoked, or placed on probation, or are you under investigation at this time? If you answered yes, attach a detailed written statement, signed and dated, describing the investigation, action, any corrective action, and/or remediation as a result of the action. I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the State of California. I understand all information on this application is subject to verification and I hereby give my express permission for Los Angeles County EMS Agency to contact any person or agency for information related to my application or role and function as an EMT in California. Signature ____ DO NOT WRITE BELOW THIS LINE

(For EMS Agency Use Only) Application Documents Application Fee DOJ/FBI Report/Status Certification Status Type:

CA

CH

PC **Application Complete DOJ Report Status** Application Status:

Approve

Deny

Probation Government Photo ID □ Clear □ Delay □ + CORI Course Completion ☐ FBI Report Status CA Certification # _____ BLS for HCP □ Clear □ Delay □ + CORI LA County EMT Scope Date ____/__/ Effective Date ____/_ / NREMT Exam Letter ■ Written Statement Amount Received \$ _____ NREMT Card Expiration Date ____/_ / ■ Background Documents Other Certification Data Input:

PEPSI by _____ Employment ■ EMS Clearance by _____ □ Central Registry by Live Scan - DOJ & FBI Date ____/___ Certification Mailed ____/___ Received by _____

Rev 7/01/10